

**ONE HUNDRED FIRST LEGISLATURE - FIRST SESSION - 2009**  
**COMMITTEE STATEMENT**  
**LB195**

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**Hearing Date:** Friday January 23, 2009  
**Committee On:** Health and Human Services  
**Introducer:** Gay  
**One Liner:** Change the Statewide Trauma System Act

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**Roll Call Vote - Final Committee Action:**  
Advanced to General File with amendment(s)

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**Vote Results:**  
**Aye:** 7 Senators Campbell, Gay, Gloor, Howard, Pankonin, Stuthman, Wallman  
**Nay:**  
**Absent:**  
**Present Not Voting:**

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<b>Proponents:</b> Senator Gay Paul Dongilli, Jr. Joann Schaefer Joseph Stothert	<b>Representing:</b> Introducer Madonna Rehabilitation Hospital Department of Health and Human Services State Trauma Board
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<b>Opponents:</b>	<b>Representing:</b>
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<b>Neutral:</b>	<b>Representing:</b>
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**Summary of purpose and/or changes:**

LB 195 changes and updates provisions of the Statewide Trauma System Act (act) (sections 71-8201 to 71-8253).

The bill revises several definitions and outright repeals the definition of on-scene medical director (section 71-8223). The bill, among other things, (1) adds new language requiring a basic level trauma center to "maintain appropriate equipment for pediatric trauma patients for resuscitation and stabilization;" (2) expands the definition of communication system; (3) adds new language requiring a comprehensive level trauma center to provide an "emergency trauma team available within fifteen minutes twenty-four hours per day;" (4) requires updating of the emergency medical services and trauma plan every five years, instead of every two years; (5) adds new language requiring general level trauma centers to provide trauma-trained physicians and nurses to the emergency department within thirty minutes, instead of fifteen minutes; (6) replaces the term "medical controller" with the term "physician or qualified physician surrogate;" (7) in the definition of trauma team, replaces "specialists" with "other personnel," replaces "medical emergency" with "acutely injured patient," and "emergency room" with "emergency department;" and (8) deletes language in the definition of trauma system that prohibits the trauma system from restricting transfers for rehabilitation services.

The bill changes duties of the State Trauma Advisory Board (board). The bill requires to the board to draft a five-year statewide prevention plan for implementation by each trauma care region, instead of a two-year plan (section 71-8237).

The bill removes obsolete dates, and updates duties of the Department of Health and Human Services (department) relating to ongoing maintenance of the statewide trauma system.

The bill eliminates provisions relating to trauma center and rehabilitation center transfer agreements and adds a requirement that designated trauma centers and rehabilitation centers "follow federal regulation guidelines and established referral patterns."

Provisions relating to the designation of trauma centers are revised to require appropriate verification from the

governing body of a facility seeking such designation. Reports prepared under section 71-8245 will not be public record.

The bill provides hospitals involved in the care of trauma patients with unrestricted access to all prehospital reports for the trauma registry for a specific trauma occurrence.

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**Explanation of amendments:**

The committee amendment (AM 952) replaces the bill as introduced. The amendment makes technical revisions to the original bill and contains provisions of six other bills heard by the committee and advanced unanimously by the committee.

1. LB 132 Barber Act (sections 53-66)

LB 132 makes technical changes to the Barber Act. The bill changes from one year to two years the renewal period for registration or licensure as a registered assistant barber instructor, registered barber instructor, licensed barber, and barber school. The bill imposes title restrictions. The bill changes provisions relating to eligibility for licensure as a registered barber instructor. The bill requires and provides for the issuance of booth rental permits. The bill provides for licensure of barbers without examination.

2. LB 220 Pharmacy and pharmacy practice (sections 1-3, 47-50, 69-79, 107)

LB 220 changes, adds, and eliminates provisions of the Uniform Controlled Substances Act, the Pharmacy Practice Act, the Emergency Box Drug Act, and the Automated Medication Systems Act relating to prescription drugs and the practice of pharmacy. The bill is a technical "cleanup" bill relating to the practice of pharmacy. Among other changes, the bill permits long-term care facilities to utilize automated medication systems, along with hospital and pharmacies. The bill outright repeals section 71-2415.

3. LB 250 Physician assistants (sections 37-46, 67-78, 107)

LB 250 changes and eliminates provisions of the Medicine and Surgery Practice Act. The bill is essentially a non-substantive recodification of statutes relating to physician assistant practice.

The bill changes and eliminates definitions. The bill permits physician assistants to sign birth and death certificates and permits physician assistants to authenticate with their signature any form that may be authenticated by a physician's signature, if the authentication is within the scope of practice of the physician assistant, is delegated by his or her supervising physician, and is not otherwise prohibited by law.

The bill updates physician assistant scope of practice provisions. The bill changes and eliminates physician assistant licensure provisions. The bill changes provisions relating to temporary licenses.

The bill changes and eliminates provisions relating to the supervision of physician assistants. A supervising physician is prohibited from supervising more than four physician assistants at any one time. The bill permits the department to adopt and promulgate rules and regulations to establish minimum requirements for a waiver of limits on the maximum number of physician assistants who may be supervised at any one time by a single physician. The bill permits the Department of Health and Human Services (department) to adopt and promulgate rules and regulations relating to standards of supervision that will apply to physician assistants with less than two years experience and minimum requirements for the waiver of such standards.

The bill clarifies that prescriptions and prescription container labels must contain the name of both the physician and the physician assistant if the name of the physician is required for purposes of reimbursement.

4. LB 367 Certificate of need (sections 80-83, 107)

LB 367 changes, eliminates, and adds health care certificate of need provisions. The bill exempts from CON requirements "a transfer or relocation of long-term care beds from one facility to another entity in the same health planning region or any other health planning region." The bill requires the receiving entity to obtain a license for the transferred or relocated beds within two years after the transfer or relocation and requires the department to grant an extension of such time if the receiving entity is making progress toward the licensure of such beds.

The bill clarifies provisions relating to the department's calculation of long-term care bed need. For purposes of making the calculation, the bill requires each health care facility with long-term care beds to report to the department on a quarterly basis the number of residents at the facility on the last day of the immediately preceding quarter. Any facility

that fails to timely report such information will be ineligible for any exception to the CON requirement under section 71-5830.01 and any exception to the moratorium under section 71-5829.04 and the facility may not receive, transfer, or relocate long-term care beds. The bill requires the department to provide the occupancy data collected from such reports upon request.

5. LB 451 Hearing instrument specialists (sections 4-11, 19-36, 51-52, 105)

LB 451 renames the Hearing Aid Instrument Dispensers and Fitters Practice Act to the Hearing Instrument Specialists Practice Act. The bill changes the term "hearing aid" to "hearing instrument." The bill changes the name of the Board of Hearing Aid Dispensers and Fitters to the Board of Hearing Instrument Specialists. The bill changes licensure as a hearing aid fitter and dealer to licensure as a hearing instrument specialist.

The bill changes membership on the Board of Hearing Instrument Specialists (board). The bill requires that at least one of the three licensed hearing instrument specialists on the board may not hold a license as an audiologist. The amendment permits hearing aid fitter and dealers to practice under their existing license until it expires.

6. LB 515 Emergency medical services (sections 12-18)

LB 515 changes provisions of Emergency Medical Services Practice Act. The bill creates the following new classifications for out-of-hospital emergency care providers as of September 1, 2010: (a) emergency medical responder, (b) advanced emergency medical technician, and (c) paramedic.

The bill provides for issuance of a temporary license for an out-of-hospital emergency care provider who has completed the educational requirements but has not yet completed the testing requirements for licensure.

The bill adopts the United States Department of Transportation National Emergency Medical Services Education Standards and the National Emergency Medical Services Scope of Practice for out-of-hospital licensure classifications until modified by the board in rule or regulation. The board is permitted to approve curricula for licensure classifications.

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Tim Gay, Chairperson